

whether to its fundus, or neck. As the stench was considerable, and the woman's sufferings at this moment intense, I determined to take a little time for further reflection and examination; contenting myself with the use of such means as would give some respite from pain, and correct the fœtor. Pills of relative proportions of ext. cicuta and gum camphor were directed to be given every hour or two, until rest was procured. The bowels were to be kept free by mild laxatives and injections, and the vagina to be syringed frequently, with an infusion of flor. chamomile, with a little lime dissolved in it. In a few days, the whole mass, having continued to decay, was cast off; leaving some leucorrhœal discharge from the parts, for some time after. The offending cause being removed, the woman soon regained her health, which continues permanent, all her former complaints having left her.

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ART. XI.—*On the Extraction of Retained Placenta in Abortion.* By  
HENRY BOND, M. D.

THERE is one class of uterine hemorrhages which every practitioner of much experience must have met and been perplexed with; and, although less profuse and alarming at first than that which occurs at the full term of pregnancy, it is described by the best authors as more obstinate, and sometimes attended with danger. I refer to that which occurs in cases of abortion, where the ovum is broken, the fœtus discharged, and the placenta retained. In some cases it will be found that all the means employed to arrest the hemorrhage, with perhaps the exception of the tampon, will be unavailing so long as the placenta is retained.

Baudeloque says, if there are cases of uterine hemorrhage where we may be compelled to commit the delivery of the placenta to the efforts of nature, and to acknowledge the insufficiency of art, they most frequently occur in cases of abortion; since, *for operating in such cases*, we have almost none of the resources, which are available, when retained placenta and flooding occur at the full period of utero-gestation. He says, that Levret's abortion forceps, (*pince à faux germe*) if they be useful in any case, can only be used when a portion of the placenta projects through the os uteri into the vagina—that they can never be used when the placenta is included in the body of the uterus,—that when the discharge is so profuse that we cannot temporize, nor trust to the remedies which he has before indicated, and which he denominates *foible secours*, we must resort to the tampon.

Dr. Hamilton says, “the placenta, after the ovum is broken, may be retained for a week or more, during which time the flooding continues to be excessive—that the placenta is liable to become putrid—that inflammation,

excoriation, or gangrene of the uterus and vagina often ensues." His treatment, in such cases, consists in attention to cleanliness by bathing and injections; free use of bark and elixir vitriol, and gently stimulating enemata, to excite the expulsive efforts of the uterus. He proposes no other more active means to hasten the expulsion of the placenta, and nothing is said about any means or method of extracting it. Whether he was ignorant of Levret's forceps, or entertained the same opinion as Baudeloque did of their value, is not shown in his writings. The only manual operation he recommends is to rupture the membranes with the point of the finger, when the mother's life is endangered by flooding; a practice which is now emphatically condemned by the best authorities. "Otherwise," he says, "the delivery should be wholly trusted to nature."

Dr. Dewees says, "I have ever found, in such cases, much effort is required to expel the secundines; nor need we be much surprised at this, when we recollect the strong disposition the uterus has to close at this period of utero-gestation. Indeed, I have repeatedly witnessed most alarming flooding from this cause (retained placenta); and I am certain, that this arose from the presence of the placenta, as the discharge always ceased as soon as this mass was removed. When the hemorrhage is thus maintained, we should *remove the placenta as quickly as possible*; but *this is the difficulty*." In such cases, he says, he has used with the most entire success his small wire crotchet, and that in those cases where it was used, it was the means of saving the patient's life. He concurs with Baudeloque and many others in his opinion of the value of the tampon in such cases. In some cases, where the hemorrhage was not violent, Dr. Dewees says, he has in several instances administered the ergot, in twenty grain doses, with very decided and prompt advantage.

Drs. Denman and Burns give very full directions for the medicinal treatment and regimen in such cases; but for getting rid of what Dr. Dewees emphatically calls *the difficulty*—the extraction of the placenta—they have no instrumental means to recommend or rules to give on which they seem to place any reliance.

Gardien says, that hemorrhages are very common when abortion takes place within the first three months after conception—that the extraction of the placenta is then very difficult; and in most cases art is without the means to accomplish it;—that we cannot expect the hemorrhage to cease so long as the placenta is retained. He discusses pretty fully the uses of the tampon, but, so far as I have ascertained, suggests no means for extracting the placenta.

I have here introduced the opinions of some of our most familiar authorities, not therefore the less respectable, to show the importance of these cases, and the inadequacy of the means to overcome the difficulty. There is nothing more satisfactory, so far as I know, in any of the numerous more recent British and French writers.

An examination of the authors to which I have had access, and my own experience, in a few alarming and very perplexing cases, had long ago led me to the conclusion, that, for such cases, an important desideratum was to be supplied.

For, 1st, it is agreed by the best authorities, that the hemorrhage is kept up by the presence of the placenta, and that as soon as this is removed, the hemorrhage always ceases.

2. They do not suppose the placenta is detained there by any firm adhesion, such as Alphonse Leroy supposed; but for the want of some means to reach the placenta with safety, and get a secure hold of it. Certainly this was the opinion of Dr. Dewees; and we may infer that this was the opinion of those who attempted to get rid of the placenta, by gently stimulating enemata and other not more efficient means.

3. All the instruments heretofore in use have some notable defects.

It has been common to recommend the extraction of the placenta by the use of one or two fingers. In those cases where it projects into the vagina, they may undoubtedly be often used with good effect. But in these cases, the uterus has begun to expel it, and probably the expulsion would be soon completed in most cases without manual interference; and sometimes, perhaps, by irritating the os uteri with the finger, the expulsive action of that organ may be excited. But in the most troublesome and dangerous cases, where the placenta is inclosed within the body of the uterus, and its neck is contracted, little or nothing can be accomplished by the finger.

Levret's *pince à faux germe* was for a long time, so far as I know, the only instrument generally known to the profession for such cases. I have already stated Baudeloque's opinion of them, which seems to me a very correct one—that they can never be safely used in those cases where we have most need of instrumental aid, viz. in those cases where the placenta is so inclosed in the body of the uterus that we cannot act upon it with any effect with the finger. The sharp edges or angles of the handles and blades, such that they would act like scissors upon any soft part coming between them—the breadth of the blades, nearly one inch, and their curvature, requiring a comparatively very relaxed or expanded state of the uterus for their admission, and therefore endangering a laceration in the attempt, which danger would be increased by the fenestrae—their want of a proper grip for such a body as they were intended to take hold of;—these objections to the instrument are sufficient to account for Baudeloque's caution in regard to their use. Burton's forceps, noticed by Dr. Dewees, I have never seen, but from the circumstance that the instrument has been so entirely neglected by the profession, I infer that it had no advantage over that of Levret. If we were to estimate Dr. Dewees's *wire crotchet* according to his reported success with it, it would seem to supply the *desideratum*. In his experienced hands it would probably be more safe and efficient than in those of other persons. I have tried this instrument only once, so far as I recollect, and that was nearly twenty years ago, and I then became so thoroughly

satisfied of its nearly total uselessness, that I never tried it afterwards. Some of my friends, who are among the most experienced and skillful accoucheurs in this city at present, fully concur in this estimate of it. They have often made trial of it without any good effect. Prof. Hodge, of the University of Pennsylvania, some time since contrived an abortion forceps, on the principle of Everett's bullet forceps. It is a very ingenious instrument, perhaps too well known to require a description. One blade revolves on the other at the joint, so that they may be laid together like two spoons. Thus adjusted it is introduced into the uterus, on one side of the placenta, when the movable blade is revolved so as to be placed on the opposite side of the placenta. It seems to me liable to some of the greatest objections I have to Levret's forceps. The blades are so much curved, as to be very wide apart where they would be embraced by the os uteri, and the blade revolving would act on this part very much like a bung-borer. Unless the neck of the uterus were very wide and relaxed, which I have seldom found to be the case, when instrumental aid was most needed, its application could hardly fail of being both painful and dangerous. It could hardly fail of doing violence to a part, which Dr. Denman particularly cautions us against irritating, on account of its extreme proneness to put on diseased

action, especially after such cases of abortion. Moreover, it has almost no grip when applied. Ergot has been recommended in some of these cases; but the result of my experience is, that I should place no confidence in it. If it is ever effectual, it is so uncertain, that it cannot be trusted.

Dr. Meigs informs me, that owing to the inadequacy of the recognised instrumental aids, as tested by his experience, he has employed the common *polypus forceps* with satisfactory success. It is undoubtedly a more *efficient* instrument in many such cases, than any of those above noticed; but it would be *very unsafe* in hands destitute of a large share of this gentleman's cautious manual dexterity.



In the *placental forceps*, which is represented in the accompanying cut, I have endeavoured to avoid the faults which I have pointed out in others. The instrument is about ten inches long, curved laterally on a radius of about twelve inches, and the blades about one inch and a half longer than the handles. The blades terminate in an oval expansion nearly half an inch wide. The handles and blades, including the edges of the oval expansion, are rounded or bevelled off, very much like those of my *æsiophagus forceps*, so as to preclude all probability of wounding or pinching any of the surrounding soft parts. The

inner part of the oval expansion is made concave and rough, so as to maintain a secure grip upon the body embraced. These precise dimensions, as to the length and curvature of the instrument, are not considered essential; but it is probable that they will be found most convenient to the operator, and most easy to the patient. The curvature is intended to be such, that when introduced with the finger as a director, in cases where the perineum is rigid, there shall be no unnecessary or inconvenient pressure on this part, or on the urethra. The outside of the oval part of the blades is made slightly convex and smooth, without a fenestra, so that in passing them through the os uteri, and expanding them so as to embrace the placenta, there shall be the least danger of abrading or lacerating that part. The curvature however is such, that after the finger is withdrawn it will not prevent a rotation of the instrument, if that should be thought necessary in order to detach the placenta. The instrument is so simple, and its mode of application so obvious, that any detailed directions for its use would be superfluous. Those perplexing and obstinate cases of hemorrhage, where the instrument would be requisite, if it combines those advantages and supplies that desideratum which I aimed at, are comparatively rare, and I have hitherto had but one opportunity to test it, in which the result was most satisfactory.

P. S. It may be proper to state, that the substance of this paper was verbally communicated to the Philadelphia College of Physicians, at their last stated meeting.

PHILADELPHIA, Feb. 26, 1844.

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ART. XII.—*Improved Catheter-Bougie*. By R. J. DODD, M. D., Surgeon, U. S. N.

THE urethra is composed through its whole length of transverse circular membranous fibres, having on the upper surface a broad line of longitudinal ones, and on the inferior a lesser band which terminates posteriorly in a prominence called the caput gallinaginis. On the upper surface it is connected by a filamentous cellular tissue to the corpus cavernosum in one third of its diameter, and on the inferior by a spongy tissue, which forms the glans, and extends down to a few lines below the point of separation of the roots of the corpus cavernosum, and is called corpus spongiosum, terminating in a bulb—from thence to the prostate gland it is covered by dense cellular tissue, and closely united inferiorly with the rectum, and on the anterior surface it approaches the symphysis pubis; a few muscular fibres surround it as it passes through and is suspended by the triangular ligament. On the inner surface it is covered by a mucous membrane, which by its duplicature around the sinuses of Morgagni forms many lacunæ. These membranous fibres possess great elasticity, and permit great extension without material injury, and perform no doubt an important function at the moment of ejaculation. In consequence of the paucity of the longitu-